FORM APPROVED
OMB No. 0938-0074

REQUEST TO ESTABLISH ELIGIBILITY TO PARTICIPATE IN THE HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM TO PROVIDE RURAL HEALTH CLINIC SERVICES

Each rural health clinic site providing rural health clinic services and desiring to establish eligibility in the health insurance program should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office.

PROVIDER NO. (RH1)

STATE/COUNTY (RH2) (RH2)

STATE REGION (RH3) (RH3)

I. IDENTIFYING INFORMATION (TO BE COMPLETED FOR EACH CLINIC SITE)

NAME OF CLINIC	STREET ADDRESS	
CITY, COUNTY AND STATE	ZIP CODE	TELEPHONE NO. *(Including Area Code)* (RH4)

NAME AND ADDRESS OF CLINIC OWNER(S) (RH5)

II MEDICAL DIRECTION

III CLINIC PERSONNEL (FULL TIME EQUIVALENTS)

(A) PHYSICIAN (RH6)	(B) NURSE PRACTITIONER (RH7)	(C) PHYSICIAN ASSISTANT (RH8)	(D) OTHER (RH9)

IV TYPE OF CONTROL (check one) (RH10)

	A. INDIVIDUAL	B. CORPORATION	C. PARTNERSHIP	D GOVERNMENT
1. PROFIT	☐	☐	☐	STATE 3. ☐ LOCAL 4. ☐ FEDERAL 5. ☐
2. NON-PROFIT	☐	☐	☐	

If the rural health clinic site is part of an existing Medicare provider, indicate the provider number_____ (RH11)

V FEDERAL SUPPORT

Is this clinic site receiving support from a Federal Program to provide health services in a medically underserved area or in an area with a shortage of primary care health manpower? ☐ YES ☐ NO (RH12)

TITLE OF FEDERAL PROGRAM: _____ (RH13)

Is this clinic participating in the Physician Extender Experiment Program (Section 222)? ☐ YES ☐ NO (RH14)

I certify that this application is true, correct, and complete. I agree, if approval is granted, that all services rendered by the clinic shall be in conformity with Federal, State, and local laws. I further understand that a violation of such laws will constitute grounds for withdrawal of approval under the regulations. This information will not be released to any persons or organizations outside the official administrative channels unless the undersigned individual specifically requests in writing that such disclosures be made. (Privacy Act of 1974 Public Law 93–579.)

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE	DATE (RH15)